

United States District Court

DISTRICT OF

U.S. OFFICE

DARYL C. JAMES
 50 F.F. K. STREET
 CAMBRIDGE, MA. 02138
 Plaintiff

APPLICATION TO PROCEED
 WITHOUT PREPAYMENT OF
 FEES AND AFFIDAVIT

UNITED STATES DISTRICT COURT

Defendant

1 COURTHOUSE WAY
 BOSTON, MA.

DARYL C. JAMES

CASE NUMBER

05-11647 MLW

declare that I am the (check appropriate box)

 petitioner/plaintiff/movant other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 U.S.C. §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to Part 2)

If "Yes" state the place of your incarceration _____

Are you employed at the institution? _____ Do you receive any payment from the institution? _____

Have the institution fill out the Certificate portion of this affidavit and attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? Yes No

a. If the answer is "Yes" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

CAMBRIDGE CENTER FOR ADULT EDUCATION
 BRATTLE STREET
 CAMBRIDGE, MA. ABOUT 1995: \$750.00/wk.
 (FIFTY DOLLARS A WEEK)

3. In the past twelve months have you received any money from any of the following sources?

- | | | |
|---|---|-----------------------------|
| a. Business, profession or other self-employment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Rent payments, interest or dividends | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Pensions, annuities or life insurance payments | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| d. Disability or workers compensation payments | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. Gifts or inheritances | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Any other sources | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If the answer to any of the above is "yes" describe each source of money and state the amount received and what you expect you will continue to receive.

I AM RECEIVING A NON SERVICE CONNECTED PENSION FROM THE V.A. OF \$646.00/MO. PLUS \$200.00 A MONTH FROM MY FATHER'S ESTATE. MY BROTHER VOLUNTARILY GIVES ME \$100.00 MONTH AS HE SEES FIT TO SUPPLEMENT MY INCOME.

AO 240 (Rev. 1/94)

4. Do you have any cash or checking or savings accounts? Yes No
 If "yes" state the total amount. \$ 2175.09 checking. GIFT money from
 my brother; SPARE change -
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? Yes No
 If "yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury i.e. the above information is true and correct.

8-3-05
DATE

SIGNATURE OF APPLICANT

CERTIFICATE

(Incarcerated applicants only)
 (To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ _____ on account to his/her credit at (name of institution) _____. I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average balance was \$ _____.

A ledger sheet showing the past six months' transactions:

is attached

is not available at this institution

DATE

SIGNATURE OF AUTHORIZED OFFICER